CHAIR'S MESSAGE
WELCOME SPRING! > PG. 2

THE EDUCATOR'S

Nutrition Educators of Health Professionals



a dietetic practice group of the Academy of Nutrition and Dietetics

RESOURCE

SUMMER 2023 • VOLUME 79, ISSUE 4

FEATURE ARTICLE

Tackling Dysfunctional Eating Behaviors:

A Conversation with Jessica Setnick and Mary Beth Kavanagh

MEMBER SPOTLIGHT

HOD UPDATE

PUBLIC POLICY UPDATE

NUTRITION SUMMIT REPORT

MEMBER ACCOLADES



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Nutrition Educators of Health Professionals

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According to the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System, in the decade prior to the COVID-19 pandemic, the challenges of persistent sadness, hopelessness, suicidal thoughts and behaviors increased by about 40% among youth.

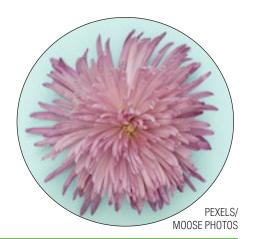
A recent systematic review and meta-analysis of 53 studies published in JAMA Pediatrics concluded that depression and anxiety increased during the COVID-19 pandemic. Among the 40,000 teens and children in these studies, depression symptoms were particularly high among females from higher economic backgrounds.

https://jamanetwork.com/journals/jamapediatrics/article-abstract/2804408

Welcome Spring!



JOANNE CHRISTALDI-SULLIVAN PhD, RDN, LDN jsullivan2@wcupa.edu



Dear Members,

I am proud of all the magnificent work that has been going on this year. This edition of the newsletter focuses on disordered eating, which is a problem that affects so many groups of people and can often co-occur with other mental health disorders. I hope you enjoy this latest version!

I am looking forward to all the exciting educational opportunities that will be coming up in the next several months. Please consider attending our next webinar titled

"Navigating Disordered Eating in Nutrition Education: Adapting Assignments and Course Material for Student Well-Being." The webinar is scheduled for Tuesday May 2nd at 1 pm EST.

As always, we invite you to share ideas and creative projects with us by publishing in the newsletter or consider speaking in an upcoming webinar. These venues are great ways to promote best educational practices with our members. If you have article ideas, please contact newsletter editors Jen Waters and

Julie Stefanski at nehpeducatorsresource@gmail.com.

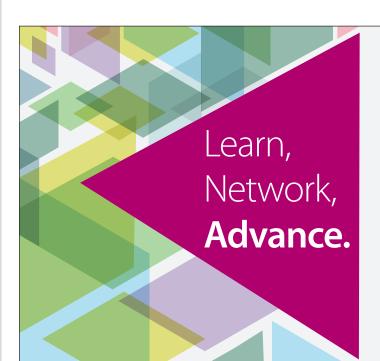
Feel free to contact me if you have an idea for a webinar:

jsullivan2@wcupa.edu

Connect with your colleagues by visiting our Facebook page at: https://www.facebook.com/groups/423581444394785/

Please feel free to contact us with questions or suggestions. I look forward to an exciting year!

All the best, Joanne





Accelerate your career!

Access valuable news, research and patient education resources.

Meet

Dara Dirhan

EdD, MPH, RDN, LDN

Dr. DARA DIRHAN is an Associate Professor of Nutrition and DPD Director at West Chester University in Pennsylvania. She received her doctoral degree in Educational Leadership and Management from Drexel University where she studied changes in dietary habits and behaviors of college students. Aside from teaching in higher education, she has professional experienbce in the corporate wellness sector, providing nutrition counseling and health education to corporate clients.

Dr. Dirhan's research experience centers on best practices in teaching and learning pedagogy, including game-based learning, and studying student outcomes among undergraduate nutrition students. Her current research agenda is focused on studying mindfulness in undergraduate nutrition students, intuitive eating, presence among educators, and advocating for the inclusion of nutrition as a general education course requirement in the undergraduate curriculum.



What led you to your current role?

After graduating with my B.S. nutrition from West Chester University, I went on to complete a dietetic internship at Geisinger Medical Center. Initially, I thought I wanted to be a clinical dietitian. However, during my dietetic internship

I discovered that my true passion was in every teachable moment I was afforded with patients – at the bedside teaching carbohydrate counting, teaching cardiac class for patients with a history of heart disease, and teaching about nutrition in a community setting at the local food bank.

Dara Dirhan

My love for these teaching experiences led me to want to pursue adjunct teaching in higher education. From there, after becoming a RDN and after earning my masters degree in public health, I began teaching nutrition as an adjunct instructor at West Chester University, Montgomery County

yet at the same time displaying warmth, care, and concern. Creating this atmosphere in the classroom is very important to me because I want all my students to feel like my classroom is a safe and inclusive space for interaction and mutual respect.

"... I discovered that my true passion was in every teachable moment I was afforded with patients..."

Community College, and the Community College of Philadelphia. I absolutely fell in love with teaching and knew that I wanted to make this my full-time job. To fulfill my career aspirations, I earned my doctoral degree in Educational Leadership and Management from Drexel University and was then hired full time as a tenure-track assistant professor of nutrition at West Chester University. From there. I earned tenure and was promoted to an associate professor of nutrition and was asked to also take on the role of DPD Director of our accredited dietetics program. In my wildest dreams, I could not have imagined my career unfolding in a better fashion. I love what I do and each day I am thankful for all that I have been afforded

Tell us about your teaching style.

► Teaching is a fine balance between tough-mindedness and tender-heartedness. I strive for effective teaching by clarifying my course expectations, holding students to the highest standards,

What do you like best about being an educator?

In addition to teaching and engaging students in the class-room, I most love serving as a mentor and advisor to students. I am energized by one-on-one meetings with students to help them figure out their next steps after completing their undergradu-

with passion and perseverance as a result of dedicated, passionate, and perseverant educators in our nutrition department at WCU.

Tell us about a favorite app or technology tool you like to use in your courses.

▶ My favorite technology tool to use in the classroom is Kahoot! I have studied game-based learning in the classroom as part of my research agenda, and it has been demonstrated that using gamebased learning tools such as Kahoot! increases student attendance in class and retention of material. This has been my experience. I usually begin class with a Kahoot! game to challenge students to recall material learned from the lecture presented in the previous class. I incentivize the students to compete hard by providing a bonus point and prizes to those at

"Teaching is a fine balance between tough-mindedness and tender-heartedness."

ate degrees. Wearing the hats of academic advisor to 35 students each semester and DPD Director to over 200 students in our dietetics program has given me great satisfaction. When I can aid students in setting themselves up for a successful trajectory on their journeys towards becoming a RDN or a nutrition professional, I know I have reached the pinnacle as an educator. Passion and perseverance fuels passion and perseverance. It has been very rewarding to witness all of the great things our graduates have done

the top of the scoreboard. Students have told me this has helped to solidify course concepts and they also enjoy the friendly competition and the opportunity to win a bonus point or a prize.



IMAGE: PCH.VECTOR/FREEPIK

Tackling Dysfunctional Eating Behaviors



A Conversation with:

Jessica Setnick and Mary Beth Kavanagh
MS, RD, CEDS-S
MS, RD, LD/N, FAND



NEHP DPG is pleased to offer insight into the increase in disordered eating since the onset of COVID-19 from member and prominent eating disorder specialist Jessica Setnick, MS, RD, CEDS-S.

From the podium to the conference room, Setnick is a pioneer of professional education in the eating disorders field. For over 20 years, her emphasis on practical and effective treatment plus her insistence on patient and family focused care has made her a passionate voice on the international stage.

Now retired from patient care, Jessica's focus is on advancing the education that non-specialists receive. Emergency medicine, primary care, athletic staff, college health, health educators, school counselors, first responders – these are just some of the groups who desperately need information and training on how to identify, assist and refer those individuals with eating disorders in their populations served.

She also leads comprehensive private trainings for hospital staff and current eating disorder teams, helping unify treatment, goals, communication, and outcomes. She is the author of the *The Academy of Nutrition and Dietetics Pocket Guide to Eating Disorders* and creator of "Eating Disorders Boot Camp: Training Workshop for Professionals."

Mary Beth Kavanagh, MS, RDN, LD/N, FAND is the Program Director of the Master's of Science in Clinical Nutrition Coordinated Program at Keiser University in Lakeland, Florida. With 27 years of experience as an educator, Mary has taught undergraduate and graduate courses in the Schools of Medicine, Dentistry, and Nursing at Case Western Reserve University in Cleveland, Ohio.

As a Registered Dietitian Nutritionist, she has worked in food service management, outpatient nutrition counseling, and her own private practice of nutrition counseling and education. She has served as Ohio Affiliate Delegate to the Academy of Nutrition and Dietetics House of Delegates and received many awards and honors from the Academy, including Outstanding Educator and Outstanding Dietitian Awards. She served for five years on the Academy of Nutrition and Dietetics Committee for Lifelong Learning, and was recently appointed to the Academy's Honors Committee for 2023 - 2025.

In 2022, Jessica and Mary Beth surveyed eating disorder dietitians about their observations from the first two years of the COVID-19 pandemic. They presented their findings at last year's Food & Nutrition Conference & ExhibitionTM in Orlando.

They revisited their presentation for this edition of *Educator's Resource*.

Mary Beth: Jessica, can you explain the correct terminology practitioners should be using - eating disorders or disordered eating?

Jessica: My preferred term is "dysfunctional eating behaviors" (DEB), and the main reason is that it's important for dietetics professionals to use words that convey our meaning. Here's what I mean: "Eating disorders" are specific diagnoses with specific criteria:

- Binge-eating disorder
- Night-eating syndrome
- Anorexia nervosa
- Bulimia nervosa
- Avoidant-restrictive food intake disorder (ARFID)
- Pica, etc.

Using the term eating disorders can cause the mistaken impression that "you're in" or "you're out." In other words, someone with an eating problem that doesn't exactly meet criteria may not receive treatment or may not feel they have a legitimate problem deserving help.

The criteria also give the illusion that the diagnoses are describing an actual disorder when they're digestive issues, or vice versa, people get diagnosed with "obesity" when what they really have is an eating disordee.

Then there's "disordered eating," which has no consensus definition at all. It's often used for eating behaviors that don't meet exact diagnostic criteria, giving the mistaken impression that they're not as severe.

ing, compensatory behaviors, etc. – are impairing your functioning or causing problems in your life, it's dysfunctional, and that's enough of a reason to seek help. As a dietitian, when you identify someone's DEB, you can look for the underlying issues and either treat them or refer them. At the end of the day, it's DEB that most dietitians are working on with most people most of the time.

"If your eating behaviors are impairing your functioning or causing problems in your life, it's dysfunctional, and that's enough of a reason to seek help."

And that's how I got to "Dysfunctional Eating Behaviors" (DEB). It acknowledges the range of problems people have with food and doesn't look at them as binary problems that you either have or don't have. DEB exist on a spectrum all the way from neutral to life-threatening, and depending on stress and other factors, they may flare up here and there, rather than ever be completely "cured."

Dysfunctional eating behaviors aren't required to meet arbitrary

Mary Beth: That seems very sensible. The noticeable impact of COVID-19 led us to investigate the experiences of dietitians online who were members of the International Federation of Eating Disorder Dietitians, a non-profit voluntary membership organization. Can you overview what was known about the connections between COVID-19 and DEB before we did our survey?

Jessica: Sure. There was a lot that wasn't necessarily documented in the literature but was simply part of how our everyday lives changed. There were systemic upheavals related to food – the obvious being food and supply shortages and fears about shortages, and food insecurity related to financial and job loss.

There was a huge amount of anxiety in general about what was happening, what was going to hap-

"Dysfunctional Eating Behaviors" (DEB)
acknowledges the range of problems people have with food
and doesn't look at them as binary problems that you
either have or don't have. DEB exist on a spectrum."

just describing symptoms that can – at their root – have lots of possible causes. So, people get diagnosed with eating disorders when what they really have are

criteria such as occurring a certain number of times per week or a random BMI cut-off in order to be problematic. If your eating behaviors – undereating, overeat-

pen. Earlier studies showed stress levels that high are going to affect nearly everyone's eating – about two-thirds eat more and a third eat less – but most people are affected. And that's before we factor in the specific stress of grief and loss due to the unfathomable death toll

deal with a new living situation at the same time they navigated that grief and loss.

As far as what was documented in the literature, this article, *Impact of COVID-19 pandemic on ED:* A systematic review, summarized

"Studies (since COVID-19) showed stress levels that high are going to affect nearly everyone's eating – about two-thirds

eat more and a third eat less – but most people are affected. "

and healthcare workers wading through unimaginable trauma.

There were also the effects of actually getting COVID-19 – the changes in taste and smell which for some were semi-permanent; lack of ability to care for yourself when ill, including obtaining food when you have to isolate, preparing food when you have no energy. There is a specific kind of mental status change caused by viruses called Pediatric Acuteonset Neuropsychiatric Syndrome (PANS) that caused some incidences of eating disorders.

And then there were the changes in living situation – college students formerly independent now living in their family home because their college shut down; people who didn't have the skills to cook but could no longer rely on restaurants or food deliveries; children who relied on school meals who lost that lifeline; and those who lost their caregivers and providers to COVID-19 and had to

53 studies representing more than 36,000 individuals. About a third of the studies (n=19) documented increases in symptoms of anorexia nervosa, binge-eating disorder, bulimia nervosa, and "other speci-

For those needing hospitalization, just like with other medical conditions, people with eating disorders were being treated in tents in parking lots, unable to be admitted due to no beds available, and in some terribly sad cases, dying of their eating disorders before a bed could be found.

Mary Beth: Talking about it really takes us back to that terrible time. It sounds like the combination of more people with DEB for the first time, more people with increasing severity of their DEB, and less hospital availability due to COVID-19 surges, caused a crisis for people needing care.

Jessica: That is a very fair assessment.



fied feeding and eating disorder" (OSFED). It also documented a 48% increase in hospital admissions for eating disorders compared to pre-pandemic levels.

Mary Beth: So, in the second summer of COVID-19, that's when we came in to assess what RDNs working in the eating disorder field were experiencing.

We surveyed dietitians and asked them to reflect on their practice since March of 2020. Over 150 RDNs representing 35 U.S. states responded, and some of the findings were overwhelming.

Most (95%) said they had seen more new patients coming in with DEB than before COVID, and 79% said those new patients had more severe DEB than new patients pre-COVID.

Two-thirds (66%) said they had seen the DEB among their existing patients become more severe.

When asked what changes RDNs made in their practices since March 2020, they reportedly:

- Added telehealth as an option for the first time (69%)
- Increased working hours or sessions per week (45%)
- Started waiting lists (41%)

- Became licensed in other states (25%)
- Two dietitians delayed planned retirement due to the influx of need

When asked, RDNs reported the following aspects of the pandemic had negatively impacted their clients' eating:

- Stress and anxiety (96% and 93% respectively)
- Weight change (86%)
- Depression (84%)
- Isolation (84%)
- Fear of weight change (76%)

Interestingly, almost half (47%) of respondents reported that some aspects of the pandemic had contributed improvements to their clients' eating. These included:

- Fewer opportunities for DEB due to increased time with family members
- More home-made meals due to

restaurant closures

- Slower pace of life leading to more time for self-care
- Opportunity to eat at home due to shut-downs (for those who felt uncomfortable eating at work or school)

Jessica: I'm glad we asked about positives, because most of what I was hearing from colleagues was horrific. I like thinking that maybe a couple of good things came out of that terrible time. Although I don't know anyone who would do it again if we had the choice.

Mary Beth: Ditto to that. Now we're shifting gears a bit. It seems like life became much more reliant and connected via social media since COVID. Please talk about how the images and messages in social media impact our patients, our colleagues, and our dietetic students.



Jessica: I've seen three major changes related to the increase in time online during the pandemic:

The uncertainty of so many things – related to COVID, health, wellness, nutrition just to name a few – made us vulnerable by opening a door to fear-mongerers, wellness influencers and for-profit diets. We all just wanted something to be the magical thing that either cured COVID, kept us safe, or made us feel better for even a little while, so many people profited and preyed on those desires and fears.

Awareness of "the algorithm" – we know now that there's a method to the madness, social media doesn't just show us unfiltered streams of information like a television channel; it changes what it shows us based on what we react to. There have been lawsuits and congressional hearings related to how unhealthy it can be to get information from unvetted sources without seeing an alternate (or accurate, or unbiased) perspective. Preliminary

research showed that teens using *Instagram* to look at nutrition information had increased "orthorexic thoughts"; one family is suing *Facebook* for contributing to their child's eating disorder. What we know for sure is that whatever it is you want to see, you will see more of it over time, and if that is problematic content, it's only going to multiply.

This one is a positive, dietitians have upped our social media game. In order to be and stay relevant to consumers, spread our messages in the venues that our clients are spending their time, and in an effort to counteract some of the hideous parts of diet culture that prey on our kids and teens and really everyone... you can find lots of amazing dietitians doing all kinds of things on social media. I've seen exponentially more dietitians teaching courses online, leading support groups on social platforms, even creating apps and treatment programs. That's the one thing I hope we keep seeing more and more and more of.

Mary Beth: Knowing that DEB isn't going anywhere any time soon, what do you recommend that dietetics education programs provide for students about medical nutrition therapy (MNT) for DEB?

Jessica: If I had one wish, I'd take it out of the "Eating Disorder" chapter in every text and make it an umbrella that applies to everything. When you're teaching about renal, diabetes, cancer, peds – even foodservice, management, education, cooking skills, and grocery tours – talk about how DEB is a factor in that area. How it can contribute; how it can result. Let's talk about how DEB overlaps with food insecurity, with aging, with incarceration, with Ramadan, with

migrant workers, with menopause, with cooking skills, or with low-sodium diet instruction. I can't think of any area of dietetics, with the possible exception of animal research, that wouldn't have an application for looking at how DEB may be at play.

Some examples that come immediately to mind:

- How do you want to design an assessment to include questions about DEB for every single patient? (Hot tip: Add the question, "How is your eating different when you're alone?")
- When nursing asks you which nutrition questions to include in their screening, think about

something addressing DEB.

- How can you tailor your educational handout to incorporate some aspects of DEB?
- How are you portraying nutrition messaging? Do you have diverse body sizes in your social media imagery? Are you speaking positively about cultural or ethnic foods? Can you eliminate shaming language related to convenience foods or food insecurity?

Even in a management setting, or food service, academia, research – how might you be sensitive to a staff member's DEB, or what might you consider when planning your menu? How are you building snack breaks into your workday

for individuals who need to eat at more than just lunchtime? If I can have more than one wish, I would also recommend teaching students to be alert for how our messaging may be taken to an extreme or influence DEB that is present or budding. Discuss how anxiety about health conditions can transform into obsessive adherence to medical diets and how to intervene. There is always going to be that one patient who doesn't care what you say. That stinks. But I'm very much more concerned about the person who becomes so preoccupied with their new diagnosis that they have to quit their job to try to follow their diet. The person who spends the bulk of their day worrying about what they're going to eat, what they ate, what they regret... that's the person I'd like us to be teaching our students to help, because there's someone who genuinely wants the information, but can use it as a weapon instead of a tool. And if we're not alert, we can feed into that fear and feel like their hero, without realizing that it's really compromising their success. No dietitian wants to contribute to the development of someone's eating disorder. And to prevent that, we have to be aware.

Mary Beth: Along those lines, what about us being aware of DEB in our students? We know that they're at risk, but what can we do? No one wants to feel like they're invading a student's privacy, but it seems awkward to just dance around it, right? How should dietetic practitioners and educators approach our colleagues

or students if we're concerned about that person's eating?

Jessica: In private. Not during a meal. With curiosity and kindness. Be open to the possibility they're already getting help. That's what you really want to hear.

If they're not getting help, that's the goal. Nothing punitive, nothing public, just a mention of what you've noticed that is worrying, and an offer to connect them with community help. And if it requires a leave of absence from academics or internship commitments, assist with arrangements and managing what is needed.

Mary Beth: I appreciate your focus on compassion and care. That's what we're all in this for after all. Last but not least, do you have some takeaways to wrap this up and help practitioners with some practice applications they can put into use?

Jessica: Absolutely.

• Advocate for increased education on dysfunctional eating behaviors in your dietetics education program. If you don't have anyone to teach about eating disorders, call me and I'll find you a guest speaker in your area or I'll Zoom in myself.



There's no reason DEB should keep someone from being a dietitian – in fact the compassion that comes from having made it through a tough time in life can be an asset once it's under control.

- Another option is to use the *Academy of Nutrition and Dietetics Pocket Guide to Eating Disorders* as a text or on your department bookshelf.
- Advocate for increased insurance reimbursement for MNT for eating disorders provided

by RDNs. If you're a member of the Behavioral Health Nutrition Dietetic Practice Group or the International Federation of Eating Disorder Dietitians, you will get action alerts when there's an opportunity to impact legislation. If you're not part of either of those groups, you can sign up for action alerts on your own at:

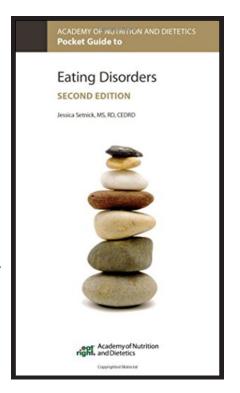
EatingDisordersCoalition.org, click on the Take Action link under the Get Involved menu.

• Evaluate how you are portraying images around eating disorders. Is it all about the SWAG stereotype (Skinny, White, Affluent Girls) and empty plates? Incorporate diverse images of bodies and avoid food-shaming in everything you do.

I'll tell you a secret. *The Academy Pocket Guide to Eating Disorders* has a pile of rocks on the cover. The original cover was a hand holding out to another hand. I thought that was nice, dietitians helping people.

But the night before it went to print – and I am not exaggerating here when I say the literal night before – I woke up in a panic. I sent an email in the middle of the night saying we couldn't have that cover. We could have any cover, even a pile of rocks, but we COULD NOT have that cover with the hands... I've worked my whole career saying, typing, convincing people that eating disorders don't have a look, that eating disorders affect anyone who eats. and we ABSOLUTELY CANNOT have a cover with two Caucasian hands reaching out to each other.

So when I tell you that stereotype is pervasive, I am telling
you that the editor didn't catch it,
the designer didn't catch it, the
author didn't catch it... all of us
let that cover slide until the very
last minute... when I tell you that
I almost didn't catch it – and I'm
not proud, but I'm not going to
keep it quiet, because it's something we all can learn from – if I
almost didn't catch that cover going to print with two white hands,



then I'm telling you it's something we have to be extra vigilant not to feed into.

For further guidance related to the topic, see the Resources box below for links. Jessica Setnick can be found online at:

JessicaSetnick.com.

RESOURCES

Academy of Nutrition & Dietetics Pocket Guide to Eating Disorders:

https://www.eatrightstore.org/product-type/pocket-guides/pocket-guide-to-eating-disorders-second-edition

Sign up for eating disorder legislation action alerts:

https://www.eatingdisorderscoalition.org/inner_template/get_involved/take-action.html

Videos demonstrating nutrition counseling for eating disorders:

https://www.jessicasetnick.com/free-resources/

International Federation of Eating Disorder Dietitians:

www.IFEDD.org

HOUSE OF DELEGATES (HOD) UPDATE



GINA PAZZAGLIA, PhD, RDN gps3@psu.edu

Hi all,

Please find below, the House of Delegates (HOD) updates. Also, it has never been easier to do the "Take Action" items from the Academy. It is important to have our voices heard and this is one simple way of doing just that.

Academy Study Outcomes

A recent research study from the Academy's Diabetes Registry Study found a correlation between NCP documentation containing linkages and improved patient health outcomes. Because highquality documentation often reflects high-quality medical nutrition therapy, this study contributes to a growing body of evidence supporting the importance of using NCP linkages and how highquality documentation is associated with improved patient health outcomes. The full article can be found here:

https://tinyurl.com/2v7mm5xu

Webinar Series Available

The Academy is working with NICHD on a project called ADVANTAGE. The first output of this project is a series of five webinars that is available to the public. The ADVANTAGE Project is an effort to better understand the

intersection of food systems, diet, nutrition, and health in a changing environment by addressing how the current realities of climate/ environmental change (CEC) are affecting dietary choices, patterns and relevant aspects of the food system, as well as implications for specific public health outcomes of interest. This effort seeks to determine how an ecological approach can be applied to assess the nature and impact of these relationships and how to best translate the evidence generated to support dietary guidance to promote health and prevent disease. ADVANTAGE will employ a multi-disciplinary approach that accounts for all the elements of the nutrition ecology to better position us to achieve public health goals through the development of context-specific, equitable, safe, and efficacious interventions and guidance. ADVANTAGE will also provide value-added support to agencies and organizations that develop dietary guidelines, recommendations, policy, and programs. This project is funded by the National Institutes of Child Health and Human Development (NICHD) and is facilitated by NICHD and the Academy of Nutrition and Dietetics. Registration for the webinars is available at here:

https://tinyurl.com/event415

Making Academy Membership Indispensable

Subject Matter experts are finalizing their recommendations. They have used what delegates and constituents shared about making Academy membership indispensable as the foundation for their work. They have combined these concepts with information from staff from the Academy's membership team and their own personal experiences as active Academy members. They look forward to sharing their final recommendations in the coming weeks.

Continue Your Academy Benefits into 2023-2024: Renew Your Membership Now

You can renew for the June 1, 2023 to May 31, 2024 membership year and renew or add dietetic practice groups, member interest groups and other Academy groups now!

Sign into your account on the Academy's website:

www.eatright.org

or call 800/877-1600, ext. 5000 (weekdays from 8 a.m. to 5 p.m. Central time). International callers can call +1-312/899-0040, ext. 5000.

Take advantage of the installment payment option to spread your payments into smaller amounts by making your first payment now. If you prefer to submit your dues by check, watch your mail for printed renewal materials in mid-April, or print an invoice after signing into your account.

Warmest regards, Gina Pazzaglia, PhD, RDN HOD representative



COMPASSION

ROGER A. SHEWMAKE, PhD, LN, FAND
Academy of Nutrition and Dietetics Public Policy Chair
Nutrition Educators of Health Professionals
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Data suggest that **compassion** may be an innate human characteristic and research indicates that **compassion** can be fostered through learning and experience. Such education could increase feelings of **compassion** and lead to greater altruistic behavior.

We often try to promote role modelling to patients in regard to healthy lifestyles for children (food choices and physical activity) to new or expectant mothers. Powerful messages can also be sent about compassion to children by modeling compassion in our own lives. Living a compassionate life and expressing compassion can send a frequent and consistent message to children.

Compassionate role modeling can include the following:

- Volunteering for, or financially supporting a worthy cause
- Support of family members, friends, or neighbors in a time of need
- Consoling children, relatives or friends
- Financially assisting someone or a cause
- Just basic courtesy and friendliness to those around you

Simple things can work. I recently related the parable of the Good Samaritan to my 8-year-old

grandson. He was very interested and had insightful questions about making time to help others.

Members of the Academy are in a special place when it comes to demonstrating compassion whether through our teaching, patient care, volunteering, or financially supporting our worthy mission of educating the public about improved lifestyles.

For further reading:

Krznaric, R (2014) *Empathy: Why It Matters, and How to Get It.*Ebury Publishing
www.quora.com/Is-compassionlearned-or-inherited
https://tinyurl.com/bdkeku45
Psychology Today blog
https://tinyurl.com/2uxj76xd

Become an ANDPAC Member Today!

ANDPAC uses donations — not Academy dues — to support political candidates for federal congressional office who are aligned with the Academy's mission, vision and public policy priorities in the following impact areas: disease prevention and treatment; lifecycle nutrition; health food systems and access; quality health care; and health equity. AND-PAC is non-partisan and the only political action committee broadly focused on food, nutrition and health. By making a contribution to ANDPAC, you are supporting the future of our profession and America's health! Learn more and make a donation to ANDPAC today!

compassion \ kem- 'pa-shen \

[com·pas·sion]

Sympathetic consciousness of others' distress together with a desire to alleviate it.

Compassion and empathy both refer to a caring response to someone else's distress. While empathy refers to an active sharing in the emotional experience of the other person, compassion adds to that emotional experience a desire to alleviate the person's distress.

https://www.merriam-webster.com/dictionary/compassion

No, Doctors Don't Want to be Dietitians

A report from the ACGME, AAMC, AACOM Nutrition in Medicine Summit

KATIE ELIOT, PhD, RDN, LDN, FAND KATHY KOLASA, PhD, RDN, LDN

Exciting progress is happening in the quest to increase the footprint of nutrition education in medical training. Three medical education organizations made a commitment following the White House Conference on Hunger, Nutrition and Health to explore what medical students, residents, fellows and practicing physicians need to know about nutrition to give them the confidence and competence to care for their patients.

The American College of Graduate Medical Education (ACGME) hosted the event in Chicago March 12-14, co-sponsored by the American Association of Colleges and Osteopathic Medicine and the Association of American Medical Colleges. NEHP member Katie Eliot served on the planning committee and helped ensure that RDNs were at the table for this Summit. She also stepped in at the last minute for Rayane AbuSabha, PhD, RDN, Executive Director, Accreditation Council for Education in Nutrition and Dietetics to present on competency-based education in nutrition and dietetics.

The Summit began with a keynote address on the current state of food and nutrition policy, delivered by Dr. Dariush Mozaffarian, a cardiologist from the Friedman School of Nutrition Science and



Policy working to translate and disseminate scientific evidence on nutrition into public awareness, policy, and innovation. He highlighted the need for and success of efforts to increase residency education in nutrition.

"Residents and fellows again and again indicate that they want more education in nutrition," said Dr. Mozaffarian. "When [they] have been given such education, nutrition curricula led to improved competence, understanding, assessment, and counseling around nutrition and improved [their]

own dietary habits." This opening session expertly set the tone for the summit - it wasn't should we include nutrition in medical education, but how do we make it happen.

His slides can be found at the link below:

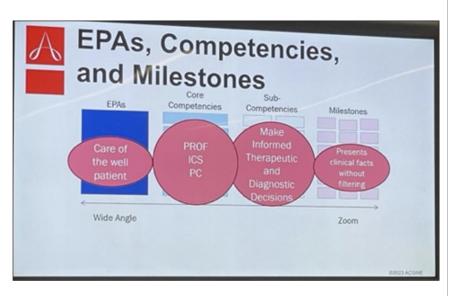
https://tinyurl.com/mb4xcuny

The second day started with an update on how ACGME competencies are being developed followed by our example of competency-based education in nutrition and dietetics.

NUTRITION SUMMIT REPORT, continued

The rest of the second day was spent learning about pedagogical approaches to incorporating nutrition in medical education across the curriculum from undergraduate medical education to residency and beyond. Participants were organized into small groups for discussion and brainstorming after each session.

and responded to the question, "What do RDNs think doctors know about nutrition?" She had enough notice to be able to do a review of literature, post the question on the NEHP member listsery, interview Paulina Shetty, MS, RD, at the American College of Lifestyle Medicine and talk with some of her medical students, residents



On the third day, Katie facilitated a panel on team-based learning, starting by briefly noting what RDNs do:

- Combine the science of food and nutrition to help consumers and patients prevent and manage chronic disease
- Perform nutrition-focused physical exams to identify malnutrition
- Train in motivational interviewing to assist with behavior change

She noted specialty certifications in up to 10 areas of practice. Kathy Kolasa, stood in for Kristen Roof-Hicks, past chair of NEHP,

and physicians at the Brody School of Medicine at East Carolina University. Kathy also served as an expert reactor panel to recommendations the work groups made.

Kathy made the following points:

- The barriers to including nutrition in medical education are well known and have been documented sufficiently over the last 40 years. There has been little change except for issues related to the influence of social media. No need to study further.
- Physicians need to have a basic understanding of nutrition (no consensus on what that is) but

- recognize competent nutrition care from the physician goes beyond nutrition knowledge.
- There may be a discrepancy between what the physician knows about nutrition and their perceived competence in nutrition if they do keep current in the science of nutrition.
- One size does not fit all. Doctors need to know what elements of diet need to be tailored to each patient because of chronic conditions, faith and culture, budget (apply the principles of social determinants of health).
- Understand the scope and specialized skills of the RDN in the inpatient, outpatient, community, and other settings.
- Be empowered to raise nutritionrelated issues with their patients as a fundamental part of enhanced care.
- Be confident in identifying, treating or consulting with an RDN to treat, and monitor nutrition related conditions or malnutrition in all its forms (such as micronutrient deficiencies, obesity).

Themes that emerged throughout the three days include:

- Consider nutrition factors of patients' presentation and care and routinely incorporate nutritional factors into patient history, including an assessment for food insecurity, and act on that information when appropriate.
- Recognize that misinformation might be the leading cause of death in the U.S. There are many effective treatments for most of our health problems, but there is so much misinformation causing people to make decisions that are adverse to their health.

NUTRITION SUMMIT REPORT, continued

- Globally suboptimal diets are now the leading preventable cause of morbidity and mortality from a range of chronic diseases.
- Use evidence-based nutrition (some disagreement about what constitutes evidence—we mean landmark studies and professional guidelines) as well as obesity prevention and treatment guidelines.
- Physicians need to apply the same critical thinking skills to nutrition science as they do to other areas of medicine and know sources of evidence-based patient education resources.
- Know how to find and build a relationship with a Registered Dietitian Nutritionist (RDN) with skills relevant to area of practice and encourage RDNs to practice at the top of their scope of practice.
- Know the ways that increased RDN involvement in patient care has shown improvement in clinical outcomes.
- If insurers do not cover RDN services, healthcare providers need skills to promote coverage. (It has been shared by insurance companies that physicians do not ask for that coverage for their patients)

The Summit included energized small and large group work by the 100 medical education stakeholders codifying key learnings and refined recommendations from the group that each included a RDN or physician nutrition specialist who has been involved in medical nutrition education. The other present RDNs included Rima Al-Nimr (Dartmouth medical school), Darlene Berryman (Ohio Universi-

ty Doctor of Osteopathy program), Kerri Dotson (Culinary Medicine Specialist Board), Linda Van Horn (Northwestern) and Deepa Handu (Academy of Nutrition & Dietetics). Kathy and Katie both felt that they didn't need to "sell" the need for a RDN on the team that helps define nutrition competencies for medical providers. Instead, there was widespread support.

The event was inspired by the ACGME's engagement with the Congressional "Food Is Medicine" Caucus, which has called on medical educators to ensure medical students, residents, and fellows receive nutrition education that demonstrates the connection between diet and disease. The Summit was first announced last fall as part of the ACGME's commitment following participation in the Biden-

The rest of the meeting featured panel discussions and group work, where participants discussed strategies and approaches to identifying, developing, and assessing competencies related to nutrition in undergraduate and graduate medical education. These conversations addressed how to provide learners with the necessary clinical experience and education on the cultural and structural aspects of nutrition, while underscoring the importance of working with dietitians and nutritionists as part of the healthcare team.

The Summit provided an opportunity for medical education stakeholders to come together to explore strategies for integrating nutrition and food insecurity into the medical education curricula while emphasizing health equity

KEY CONSIDERATIONS

- There is a need for improved or continued thoughtful integration of nutrition into competency based medical education programs across UME, GME and CME/CPD
- Curricula are local and medical school faculty are responsible for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum
- Government (local, state or federal) intervention in medical education – mandating or prohibiting educational content or experiences – is counterproductive and should remain with experts in the profession (medical and health professions educators)

Harris Administration National Strategy on Hunger, Nutrition, and Health and accompanied conference calls for increased education on nutrition for physicians and other professionals. and interprofessional care. With that aim in mind, a proceedings document is being prepared that will be shared with the medical education community to support action on this critical topic.

Congratulations to the following members for their professional achievements!



Dara Dirhan, EdD, MPH, RDN, LDN, Associate Professor at West Chester University was awarded the NDEP Southeast Region Outstanding Dietetic Educator Award in the DPD Program category and the Pennsylvania Academy of Nutrition and

Dietetics Outstanding Dietetic Educator Award – DPD. Congratulations Dara!

Do you have a professional success you'd like to share? Please format your submission of 150 words or less using the above wording and email to:

nehpeducatorsresource@gmail.com

Hannah K. Wilson, PhD, RDN, LRD, Assistant Professor and DI/MS Coordinator at Concordia College; Kathrin A. Eliot, PhD, RDN, Associate Professor and ID/IPE Program Faculty Coordinator at the University of Oklahoma Health Sciences Center, and; Kathryn M. Kolasa, PhD, RDN, LDN, Professor Emeritus and Affiliate Faculty, Brody School of Medicine, East Carolina University, recently published a professional practice paper in the Journal of the Academy of Nutrition and Dietetics. The article, "Considerations for Incorporating Implementation Science into Dietetics Education," highlights the value of and provides practical strategies for using implementation science in the development and evaluation of dietetics education programs. With increasing dissemination of Future Education Model programs, resources provided in this article may be valuable to dietetics program faculty,

coordinators, and directors as they navigate the chang-

ing dietetics education environment.

NEW KiDS eat right. TOOLKIT!

Healthy Drinks, Healthy Kids

A new Kids Eat Right toolkit contains free CPEU webinars and educational resources on what young children 5 and under should be drinking as part of a healthy diet.

Healthy Eating Research, a national program of the Robert Wood Johnson Foundation, convened an expert panel of representatives from key national health and nutrition organizations (including the Academy of Nutrition and Dietetics) to develop a consensus statement and technical report on what young children ages 0 to 5 years old should be drinking as part of a healthy diet. These recommendations are now included in the *Academy of Nutrition and Dietetic Pediatric Nutrition Care Manual*.

This toolkit contains resources for Registered Dietitian Nutritionists (RDN) and Nutrition and Dietetics Technicians, Registered (NDTR) to learn about and implement the expert panel recommendations in patient and client settings. Information is also included about environmental and policy initiatives to improve public health.

4.0 CPEUs are available for free as part of this toolkit.

Visit the link below for details https://www.eatrightfoundation.org/resources/kids-eat-right

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2023

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a dietetic practice group of the Academy of Nutrition and Dietetics

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